

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
HAPAC - State Political Action Committee
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
4750 Lindle Road, P.O. Box 8600
City or town, state or country, and ZIP + 4
Harrisburg, PA 17105-8600

D Employer identification number
23-2125904

E Telephone number
717-564-9200

F Group Exemption Number ▶ **N/A**

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☒ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **145,200**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less: cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less: direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less: cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O)
17	Total expenses. Add lines 10 through 16
18	Excess or (deficit) for the year (Subtract line 17 from line 9)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	59,133	22 71,885
23	Land and buildings		23
24	Other assets (describe in Schedule O)	4,872	24 3,530
25	Total assets	64,005	25 75,415
26	Total liabilities (describe in Schedule O)	10	26 1,844
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,995	27 73,571

Check if the organization used Schedule O to respond to any question in this Part III ☐

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Grants \$) If this amount includes foreign grants, check here ☐

29

(Grants \$) If this amount includes foreign grants, check here ☐

30

(Grants \$) If this amount includes foreign grants, check here ☐

[illegible]

(Grants \$) If this amount includes foreign grants, check here ☐

32	Total program service expenses (add lines 28a through 31a)	32
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Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A		
b Did the organization file Form 1120-POL for this year?	✓	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Michael A. Suchanick Telephone no. ▶ 717-564-9200 Located at ▶ 4750 Lindle Road, P.O. Box 8600, Harrisburg, PA ZIP + 4 ▶ 17105-8600		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶ N/A		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47	<input type="checkbox"/>	<input type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>	<input type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>	<input type="checkbox"/>
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- b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>	<input type="checkbox"/>
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000

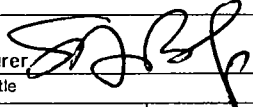
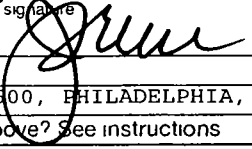
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 		Date 7/30/2013		
	Scott Bishop, Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIUS GREEN, CPA	Preparer's signature 	Date 7/24/13	Check <input type="checkbox"/> if self-employed	PTIN P00350393
	Firm's name PARENTEBEARD LLC	Firm's EIN 23-2932984			
	Firm's address 1650 MARKET ST, STE. 4500, PHILADELPHIA, PA, 19103	Phone no (215) 972-0701			
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
► **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
HAPAC - State Political Action Committee	23-2125904

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ 135,624
- 3 Volunteer hours 65

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part IV **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

HAPAC - State Political Action Committee

Employer identification number

23-2125904

Form 990-EZ Part I, Line 10:

Contributions - in excess of \$5,000 in 2012

Name and Address	Date	Amount	Description
House of Republican Campaign Committee	2/3/12	\$1,000	HRCC - Reception 2/7/12
P. O. Box 11787, Harrisburg, PA 17108	3/16/12	\$250	HRCC - Reception 3/12/12
	4/15/12	\$1,000	HRCC - Reception 4/30/12
	6/1/12	\$7,500	HRCC - SW Golf Outing 5/29/12
	4/26/12	\$2,000	HRCC - Round Up 6/4/12
	9/7/12	\$7,500	HRCC - Aronimink Golf Outing 9/10/12
	10/15/12	\$500	HRCC - Oktoberbest 10/1/12
		Total HRCC	\$19,750

Senate Republican Campaign Committee	3/2/12	\$5,000	SRCC - Round table 3/6/12
792 Federal Square Station, Harrisburg, PA 17108	5/14/12	\$6,000	SRCC - Commonwealth Leaders' Event
	6/1/12	\$2,000	SRCC - Golf Outing 5/31/12
	6/25/12	\$1,800	SRCC - HOOPLA 6/12/12
	10/15/12	\$10,000	SRCC - Reception 10/1/12
		Total SRCC	\$24,800

Tom Corbett for Governor	9/20/12	\$6,500	Tom Corbett, Governor
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P.O. Box 1145, Harrisburg, PA 17108

Keystone Leaders PAC	3/2/12	\$1,000	Rep. Sam Smith Reception 2/27/12
P.O. Box 506, Harrisburg, PA 17108	6/1/12	\$10,000	General Contribution
		Total Keystone Leaders PAC	\$11,000

Name of the organization	Employer identification number
HAPAC - State Political Action Committee	23-2125904

Friends of Joe Scarnati	2/3/12	\$1,000	General Contribution
P.O. Box 33, Youngsville, PA 16731	6/1/12	\$10,000	General Contribution
	7/16/12	\$2,000	General Contribution
Total Scarnati		\$13,000	
Total Contributions		\$75,050	

Form 990-EZ Part I, Line 16 - Other Expenses - \$5,681

Meeting Costs	\$3,558
Bank Fee	576
Administrative Costs	1,518
Tax Expense	29

Form 990-EZ Part II, Line 24 - Other Assets

Contribution Receivable - \$3,530

Form 990-EZ Part II, Line 26 - Total Liabilities - \$1,844

Contribution Payable	\$1,815
Income Tax Payable	29

Form 990-EZ Part IV, List of Officers, Directors, Trustees, and Key Employees

Compensation and benefits of all key employees were paid for by The Hospital & Healthsystem Association of Pennsylvania, EIN #25-1767436, a related organization.

Average hours per week listed on Part IV are for this legal entity only. Board members and officers also devote time to related organizations.

Total average hours per week for all related organizations are as follows:

Board Members - 90 hours per week	Chair - 170 hours per week
Executive Committee - 15 hours per week	Treasurer - 37.30 hours per week
President & CEO - 37.40 hours per week	
Secretary & COO - 37.40 hours per week	

HAPAC - State Political Action Committee
 EIN: 23-2125904
 FORM 990 EZ
 For the Year Ending December 31, 2012

Statement 1 - Part IV - Board of Directors List

HAPAC - State Political Action Committee 2012 Board List					
<u>Name</u>		<u>Title</u>	<u>Compensation</u>	<u>Contributions</u>	<u>Expense Acct.</u>
Carolyn F Scanlan	*	President/CEO 10 hrs/week	0	0	0
Andrew Carter	*	President/CEO 10 hrs/week	0	0	0
Garry L Scheib		Chair 10 hrs/week	0	0	0
Paul Bacharach		Past Chair 10 hrs/week	0	0	0
Michael A Suchanick	*	Secretary 10 hrs/week	0	0	0
Steven P Johnson		Chair-Elect 10 hrs/week	0	0	0
Scott A Becker		Board Treasurer 10 hrs/week	0	0	0
Thomas E Beeman		Board Member 10 hrs/week	0	0	0
Alan Brechbill		Board Member 10 hrs/week	0	0	0
Cornelio R Catena		Board Member 10 hrs/week	0	0	0
James M Collins		Board Member 10 hrs/week	0	0	0
Leslie C Davis		Board Member 10 hrs/week	0	0	0
Michael J Farrell, Jr		Board Member 10 hrs/week	0	0	0
Stuart H Fine		Board Member 10 hrs/week	0	0	0
Barry R Freedman		Board Member 10 hrs/week	0	0	0
George A Huber		Board Member 10 hrs/week	0	0	0

HAPAC - State Political Action Committee
EIN: 23-2125904
FORM 990 EZ
For the Year Ending December 31, 2012

Statement 1 - Part IV - Board of Directors List

HAPAC - State Political Action Committee
2012 Board List

<u>Name</u>	<u>Title</u>	<u>Compensation</u>	<u>Contributions</u>	<u>Expense Acct.</u>
Larry R Kaiser	Board Member 10 hrs/week	0	0	0
Kathleen Kinslow	Board Member 10 hrs/week	0	0	0
Janet Lienert	Board Member 10 hrs/week	0	0	0
John Lynch III	Board Member 10 hrs/week	0	0	0
Norman F Mitry	Board Member 10 hrs/week	0	0	0
John R Morahan, CHE	Board Member 10 hrs/week	0	0	0
Edward C Pitchford	Board Member 10 hrs/week	0	0	0
Joan Richards	Board Member 10 hrs/week	0	0	0
Richard L Seim	Board Member 10 hrs/week	0	0	0
John Simodejka	Board Member .10 hrs/week	0	0	0
Glenn Steele, JR	Board Member 10 hrs/week	0	0	0
H Ray Welch, Jr	Board Member 10 hrs/week	0	0	0
Scott Bishop	* Senior Vice President 20 hrs/week	0	0	0
Michael Strazzella	* HAPAC - Treasurer 20 hrs/week	0	0	0

* - Compensated by a related organization. Refer to Statement 2.

HAPAC - State Political Action Committee
 EIN 23-2125904
 Form 990 EZ

For the Period Ending December 31, 2012

Statement 2 - Key Employee's Compensation - Related Organizations (Part IV)

Name	Hours per pay	Compensation		Employee Benefits		Expenses		Compensation		Contributions to Employee Benefits & Deferred Compensation Plans		Expense Account & Other Allowances Paid by	
		HAPAC - State Political Action Committee	Paid By	HAPAC - State Political Action Committee	Paid By	HAPAC - State Political Action Committee	Paid By	Hospital & Healthsystem Association of PA	Paid by	Hospital & Healthsystem Association of PA	Paid by	PA - EIN# 25-1767436	
Carolyn F Scanlan President & CEO The Hospital & Healthsystem Association of Pennsylvania	75 hrs biweekly	0		0		0		1,035,233	(1)	305,923		-	
Andrew W Carter President & CEO The Hospital & Healthsystem Association of Pennsylvania	75 hrs biweekly	0		0		0		43,480		-		-	
Michael A Suchanick Chief Operating Officer Administrative Services The Hospital & Healthsystem Association of Pennsylvania	75 hrs biweekly	0		0		0		377,049	(1)	46,969		-	
Michael Strazzella Senior VP, Federal Legislative Svcs The Hospital & Healthsystem Association of Pennsylvania	75 hrs biweekly	0		0		0		262,740		36,078		-	
Scott Bishop Senior VP, State Legislative Svcs The Hospital & Healthsystem Association of Pennsylvania	75 hrs biweekly	0		0		0		233,957		27,936		-	

(1) Includes deferred compensation paid in 2012 from a prior year.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions
File by the due date for filing your return. See instructions.	HAPAC- STATE POLITICAL ACTION COMMITTEE	Employer identification number (EIN) or 23-2125904
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	4750 LINDLE ROAD, P.O. BOX 8600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HARRISBURG, PA 17105-8600	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **MICHAEL A. SUCHANICK - 4750 LINDLE ROAD, HARRISBURG, PA 17105**

Telephone No. ► **717-564-9200** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **12** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions